Michigan Department of Treasury 3683 (Rev. 6-03)

Payroll Service Provider Combined Power of Attorney Authorization and Corporate Officer Liability (COL) Certificate for Businesses Issued under authority of the Revenue Act, P.A. 122 of 1941, as amended. Filing is voluntary.

Complete	this	form	if	you	wish	to	appoint	someone	to	represent	your	business	to	the	State	of	Michigan	on	individual	income	tax
withholding	ma	tters.																			

Taxpayer Name		Account No./Federal Employer ID N	lo. (FEIN)
Address (Street or RR#)			
City, State, ZIP			
Contact Person		Telephone Number	
Payroll Service Name			
rayion Service Name			
Address (Street or RR#)			
City, State, ZIP			
Contact Person		Telephone Number	
Michigan Department of Treasury in writing that thi Taxpayer's Power of Attorney Authorization Must be signed by an authority to execute the signature	authorized representative	e of the business. I certify that I h	ave the
Type or Print Name	Title		
Please be aware of corporate officer liability as prov	- ∕ided in Michigan Compil∈	ed Laws 205.27a(5):	
"If a corporation liable for taxes administered ur tax due, any of its officers having control or sup payments is personally liable for the failure	ervision of, or charged wi		
Corporate Officer Certification Note: This form will not b	e processed for corporations unless	this section is completed.	
Signature of Officer Responsible for Reporting and/or Paying Michigan W	POLICIE T	D-t-	
•	rithnoiding Laxes	Date	
Type or Print Name	Title	Date	

Michigan withholding taxes. If you have any questions, please contact the Michigan Department of Treasury at (517) 636-4730.

Return this form to: Michigan Department of Treasury

Registration Section Lansing, MI 48922

Fax: (517) 636-4520